CLH005/155719

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Carl L. Hammonds

Serial No.:

10/711,755

Date Filed:

10/01/2004

For:

Trailer Mule Vehicle for Moving

Semi-Trailers

Examiner:

Group No.: 3611

Kevin Hurley

RESPONSE TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

- 1. An Amendment for this application is enclosed in response to the August 19, 2005 Office Action.
- 2. Applicant is

 \square a small entity.

□ other than a small entity

CERTIFICATE OF MAILING (37 C.F.R. § 1.8)

I hereby certify that this correspondence is, on the date shown below, being deposited with sufficient postage as First Class Mail, in an envelope addressed to the following: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Coco Betancourt

(type or print name of person certifying)

EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 3. 1.136 apply. (complete, as applicable) Applicant petitions for an extension of time under 37 C.F.R. § 1.136 (fees: 37 C.F.R. § 1.17(a)(1)-(4) for the total number of months checked below: Fee for Fee Extension small entity (months) large entity \$ 60.00 \$ 120.00 \Box one month \$ \$ 225.00 450.00 ☐ two months \$ \$ 510.00 1,020.00 ☐ three months \$ 1,590.00 \$ 795.00 ☐ four months 2,160.00 \$ 1080.00 \Box five months \$ Fee: \$ -0-If an additional extension of time is required, please consider this a petition therefor. (check and complete the next item, if applicable) An extension for ____ months has already been secured. The fee paid therefor of \$_____ is deducted from the total fee due for the total months of extension now requested. OR Applicant believes that no extension of term is required. However, this conditional \square petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

The fee for claims (37 C.F.R. § 1.16(b)-(d) has been calculated as shown below: 4.

Claims Remaining After Amendment	Highest No. Previously Paid For	Extra Present	Rate	Added Fee
Total: 11	20	0	\$25/50	\$0.00
Independent: 4	3	1	\$100/200	\$100.00
First Presentation of Multiple l	Dependent Cla	ims:	\$180/360	\$0.00
		Total Addi	tional Fees:	\$100.00

		(complete (c) or (d), as applicable).
		No additional fee for claims is required.
		OR
		Total additional fee for claims required \$_100.00
		FEE PAYMENT
5.	\checkmark	Attached is our check in the sum of \$_100.00.
		Attached is our check in the sum of \$ for a petition to revive an application.
		Charge Account No. 50-0897 the sum of \$

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 50-0897 (CLH005/155719)

AND/OR

If any additional fee for claims is required, charge Account No. <u>50-0897</u> (CLH005/155719)

Date: (8, 2005)

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RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action of August 19, 2005, please amend this Application.

Amendments to the claims of this application begin on page 2.

Remarks begin on page 7.

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